

Appendix A: Template Field Crosswalk

1. Overview

The template crosswalk diagram (Figure A-1) shows the data elements that should be consistent across different templates. The top axis lists the template types, and each column includes the data fields in the template. Fields that should be consistent across templates are highlighted in the same color.

In some cases, the field values should be equal. For instance, on all templates *Issuer ID* (highlighted in yellow) is a required field, and each template should include the same field value. Similarly, the set of *Network IDs* defined in the Network Template should match those used in the Plans & Benefits Template and the Essential Community Provider (ECP)/Network Adequacy Template.

In other cases, certain fields should be consistent but not equal, as described in the Notes section of Figure A-1. For example, plans with tobacco rates in the Rates Table Template should not have a value of “Not Applicable” in the Business Rules Template for the field “How is tobacco status determined for subscribers and dependents?”

Figure A-1. Template Field Crosswalk

QHP Application Template Field Mapping

Unless otherwise noted, the values of fields shown in the same color should match across templates, even if the field names are different.

	Issuer Module Templates	Benefits Module Templates				Rating Module Templates		Rate Review
	ECP/Network Adequacy	Network ID	Plans & Benefits	Prescription Drug	Service Area	Business Rules	Rates	Unified Rate Review
Consistent for each Issuer ID	HIOS Issuer ID	HIOS Issuer ID	HIOS Issuer ID	HIOS Issuer ID	HIOS Issuer ID	HIOS Issuer ID	HIOS Issuer ID	HIOS Issuer ID
	Issuer State	Issuer State	Issuer State	Issuer State	Issuer State			State
Consistent for each Issuer ID and Plan ID combination	Network ID	Network ID	Plan ID (1)	Formulary ID	Service Area ID (3)	Plan ID (1)	Plan ID (1)	Plan ID (1)
			Product ID (2)			Product ID (2)		Product ID (2)
			Network ID					
			Formulary ID					
			Service Area ID				Rating Area ID (3)	
			Market Coverage					Market
			Level of Coverage					Metal
			Plan Effective Date (4)				Rate Effective Date (4)	Effective Date (4)
			QHP/Non-QHP (5)					Exchange Plan (5)
			Plan Type					Plan Type
						Tobacco Use Determination (6)	Tobacco Rate (6)	

Note:

- Any plans listed in Business Rules and Rates should match those found in Plans and Benefits (P&B): any medical plans listed in Business Rules, Rates, and P&B should match those found in Unified Rate Review (URR).
 - Any products listed in Business Rules should match those found in P&B: any medical products listed in Business Rules and P&B should match those found in URR.
 - Service Area IDs must have rates for their corresponding Rating Areas.
 - Plan Effective Date, Rate Effective Date, and Effective Date (URR) must be equal for individual market medical plans: Plan Effective Date and Rate Effective Date must be equal for individual market dental plans; Rate Effective Date and Effective Date (URR) must be equal for Small Business Health Options Program (SHOP) medical plans.
 - For medical plans with embedded pediatric dental benefits, QHP/Non-QHP = On the Exchange should not be selected. Under the guaranteed availability requirements in 45 CFR §147.104, a plan offered through the Exchange must also be available to individuals in the state that apply for the plan outside the Exchange. Issuers that offer a plan through the Exchange should select the "Both" option. QHP/Non-QHP = Both is equivalent to Exchange Plan (URR) = Yes; Off the Exchange is equivalent to No.
 - If Tobacco Rate > 0, cannot have "How is tobacco use determined for subscriber and dependents?" = Not Applicable.
- ECP = Essential Community Provider, HIOS = Health Insurance Oversight System, ID = identifier, QHP = Qualified Health Plan,